

# Redeemer Student Ministries

## Student Information/Medical Release form 2017-2018

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Student Home # (\_\_\_\_) \_\_\_\_\_ Student Cell # (\_\_\_\_) \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Student Email \_\_\_\_\_ School \_\_\_\_\_ HS Grad Year \_\_\_\_\_

### Emergency Contact Person:

Parent(s)/Guardian \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_  
 Parent(s) Email \_\_\_\_\_

### Alternate Contact Person (use someone near the primary contact):

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_  
 Do you have health insurance? \_\_\_\_ Yes \_\_\_\_ No  
 Name of insurance company \_\_\_\_\_  
 Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
 In whose name is the insurance? \_\_\_\_\_  
 Family Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone # \_\_\_\_\_

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time attending the student ministry activity.

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Student Name \_\_\_\_\_  
 List any pre-existing or present medical conditions \_\_\_\_\_  
 Name and dosage of any medications that must be taken \_\_\_\_\_  
 \_\_\_\_\_

Any allergies? \_\_\_\_\_ to Medications? \_\_\_\_\_  
 \_\_\_\_ Hay Fever \_\_\_\_ Heart Condition \_\_\_\_ Diabetes \_\_\_\_ Insect Stings  
 \_\_\_\_ Epilepsy/Nervous Disorders \_\_\_\_ Asthma \_\_\_\_ Frequent Stomach Upsets \_\_\_\_ Physical Handicap  
 \_\_\_\_ Any Major Illnesses During the Past Year?  
 If any of the above are checked, please give details (i.e., include normal treatment, etc.): \_\_\_\_\_  
 \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ Contact Lenses? \_\_\_\_\_  
 Any swimming restrictions? \_\_\_\_ No \_\_\_\_ Yes What? \_\_\_\_\_

This consent form gives permission to seek whatever medical attention is deemed necessary by any agents of Our Redeemer Lives doing business as Church of the Redeemer ("the Church"), and releases the Church and its agents of any liability against personal losses of named child.

I, the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, paintball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, and hayrides.

I understand that there are inherent risks involved in any ministry or athletic event and I hereby release the Church, its priests, employees, agents, and volunteer workers, from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement.

I understand and acknowledge that while myself, family and/or child(ren) are involved in Church activities, we may be a part of pictures or film taken by representatives of the Church. I hereby release and give my permission to the Church to publish any such image of myself, my family, child(ren) in any combination of still picture or film format for advertisements, including the website, newspaper, or images presented in theatres.

In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician or dentist selected any agents of the Church including, but not limited to, hospitalization, injections, anesthesia, or surgery for my child. In the event treatment is required from a physician, dentist and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I also agree to bring my child home at my own expense should they become ill or if deemed necessary for any reason (including misbehavior) by any agent of the Church. I, on behalf of myself and my child, accept all risk and release and hold the Church harmless from and any resulting damage resulting from, related to or associated with the foregoing.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name(s) \_\_\_\_\_

**FOR NOTARY USE ONLY:**

STATE OF FLORIDA / COUNTY OF LEON

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, who is/are personally known to me or who has/have produced driver license(s) as identification.

My Commission expires: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Serial Number: \_\_\_\_\_